PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF Alexander Wasil **, DECEASED**

CASE NO. 2021 ER 00699

PROBATE COURT
COUNTY OF SUMMIT, OH

JUL 15 2021

JUDGE ELINORE MARSH STORMER

APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

(R.C. 2113.031)

Applicant states that decedent died on June 12, 2021.

Decedent's domicile was 100 North Ave Apt 314
Street Address

Tallmadge Ohio 44278 Summit
City, Village, or Township if unincorporated area — County

Ohio 44278
Post Office — State — Zip Code

(Check one of the following):

☐ The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support and decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the $40,000 allowance for support under R. C. 2106.13(B) plus an amount not to exceed $5,000 for decedent's funeral and burial expenses.

☑ The applicant, who is not the surviving spouse, has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets is the lesser of $5,000 or the amount of decedent's funeral and burial expenses.

Attached hereto is a receipt, contract, or other document that confirms the applicant's payment or obligation to pay decedent's funeral and burial expenses or if the applicant is the surviving spouse, the prepayment receipt, if applicable.

The decedent's surviving spouse, children, next of kin, legatees and devisees known to applicant, are listed on the attached Form 1.0.

Applicant states that there are no pending proceedings for the administration of decedent's estate or relief of decedent's estate from administration under R.C. 2113.03.

All known assets with date of death values of the estate are as follows:

☐ Motor Vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)

_____ $_____

_____ $_____

2021 ER 00699

CASE NO. _____

☑ Accounts maintained by a Financial Institution (include financial institution name and the last four digits of the account number):

Huntington 4527 Checking $ 282.22

_____ $ _____

☐ Stocks and Bonds (include for each stock and bond its serial number, the name of its issuer, the name and address of its transfer agent, and the total number of shares of stocks or bonds):

_____ $ _____

_____ $ _____

☐ Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of Transfer and date of death value. **(Attach verification of value.)** $ _____

☐ Other assets and date of death values:

_____ $ _____

_____ $ _____

Total Assets $ _____

Applicant requests an Order granting Summary Release.

_____
Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Phone Number (include area code)

_____
Supreme Court Registration Number

Wendy Wasil
Applicant

_____
Typed or Printed Name

Wendy Wasil
Address

2939 Manchester Rd
City State Zip

Akron Ohio 44319
Phone Number (include area code)

330-329-7673

Signed and acknowledged by the applicant in my presence this 15th day of July, 2021.

Melanie L. Kulesza
Notary Public/Deputy Clerk

MELANIE L. KULESZA, NOTARY PUBLIC
Residence - Summit County
State Wide Jurisdiction, Ohio
Expiration Date April 24, 2026

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

ESTATE OF Alexander Wasil, DECEASED

CASE NO. 2021 ER 00699

SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES
[R.C. 2105.06, 2106.13 and 2107.19]

(Use with those applications or filings requiring some or all of the information in this form, for notice or other purposes. Update as required.)

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
Wendy Wasil	2939 Manchester Akron OH 44319	Surviving Spouse	daughter
330-329-7673 (Phone Number (Include Area Code))		wendylott@gmail.com (Email Address)	
		Dcboi77@hotmail.com	
Charles Wasil	768 Quince Orchard Blvd Apt 201 Gaithersburgh MD 20878	SON	
240-246-5375 (Phone Number (Include Area Code))		Email Address	
Phone Number (Include Area Code)		Email Address	
Phone Number (Include Area Code)		Email Address	
Phone Number (Include Area Code)		Email Address	
Phone Number (Include Area Code)		Email Address	
Phone Number (Include Area Code)		Email Address	
Phone Number (Include Area Code)		Email Address	

PROBATE COURT
COUNTY OF SUMMIT, OH
JUL 15 2021
JUDGE ELINORE MARSH STORMER

[Check whichever of the following is applicable]

- ☐ The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- ☐ The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- ☐ The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- ☐ There are minor children of the decedent who are not the children of the surviving spouse.
- ☐ There are minor children of the decedent and no surviving spouse.

2021 ER 00699

CASE NO. _____

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Birthdate of Minor

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

Phone Number (Include Area Code) _____ Email Address _____

[Check whichever of the following is applicable]

☐ The will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.

☐ The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

Date _____ x Wendy Wasil
Signature of Applicant (or give other title)

Applicant Email Address _____ Applicant Printed Name(or give other title)

Date _____ Signature of Applicant (or give other title)

Applicant Email Address _____ Wendy Wasil
Applicant Printed Name(or give other title)

THE HUNTINGTON NATIONAL BANK
PO BOX 1558 EA1W37
COLUMBUS OH 43216-1558

2021 ER 00699

Huntington

0000874 ALEXANDER WASIL
REP PAYEE
WENDY L WASIL
2939 MANCHESTER RD
COVENTRY TWP OH 44319

PROBATE COURT
COUNTY OF SUMMIT, OH

JUL 15 2021

JUDGE ELINORE MARSH STORMER

Have a Question or Concern?

Stop by your nearest Huntington office or contact us at:

1-800-480-BANK (2265)

www.huntington.com

Asterisk-Free Checking Account — *Account: -------4527*

Statement Activity From:
06/01/21 to 06/30/21

Beginning Balance	**$454.54**
Credits (+)	1,783.37
Debits (-)	955.69
Total Fees (-)	0.00
Ending Balance	**$1,282.22**
Average Balance	953.37
Low Balance	8.39

Deposit / Credit Activity (+) — *Account: -------4527*

Date	Description	Amount
06/04	DEPOSIT	383.02
06/15	GEICO EFT REFUND 210614 1051398390	75.35
06/16	SSA TREAS 310 XXSOC SEC 061621 XXXXX3119A SSA N1*GD*WENDY WASIL FOR \N1*BE*ALEX WASIL *34*XXXXX3119\	1,325.00

Check Activity (-) — *Account: -------4527*

Check #	Amount	Date Paid	Check #	Amount	Date Paid
506652	780.00	06/14			

(*) Indicates the prior sequentially numbered check(s) may have 1) been voided by you 2) not yet been presented 3) appeared on a previous statement.

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. Huntington®, Huntington ® and 24-Hour Grace ® are federally registered service marks of Huntington Bancshares Incorporated. The 24-Hour Grace® system and method is patented: US Pat. No. 8,364,581, 8,781,955, 10,475,118, and others pending. © 2021 Huntington Bancshares Incorporated.

2021 ER 00699

PROBATE COURT
COUNTY OF SUMMIT, OH
JUL 15 2021
JUDGE ELIZABETH MARIAN STOHMEIER

Donovan Funeral Home

17 Southwest Ave., Tallmadge, OH 44278 (330)633-3350

DATE June 15, 2021 SERVICE NO. 21-102

DECEASED NAME Alexander WASIL

DATE OF DEATH June 12, 2021 PLACE OF DEATH Akron City Hospital Akron, OH

Charges are only those items that you selected or that are required. If we are required by law or by a cemetery or a crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

A. CHARGE FOR SERVICES:

Professional Services		
Funeral Director & Staff	$ 1,400.00	
Embalming	$ 525.00	
Administration Fees	$ -0-	
Dressing, Casketing & Cosmetics	$ 150.00	
Special Care of Autopsied Remains	$ -0-	
Insurance Assignment	$ -0-	
	$ -0-	
		$ 2,075.00
Facilities, Staff & Equipment		
Graveside Service	$ -0-	
Use of Facilities for Service	$ -0-	
Use of Staff and Equipment at Church	$ -0-	
Viewing/Visitation	$ 600.00	
Other Use of Facilities	$ -0-	
		$ 600.00
Automotive Equipment		
Funeral Coach	$ -0-	
Flower Car	$ -0-	
Transfer to Funeral Home	$ 425.00	
Clergy's Car	$ -0-	
Utility Vehicle	$ 110.00	
Limousine	$ -0-	
Additional Limousines	$ -0-	
	$ -0-	
		$ 535.00

B. CHARGES FOR MERCHANDISE:

Casket	$ 700.00	
Casket-Rental		
Outer container	$ -0-	
Outer Container		
Vault		
Cremation Container	$ -0-	
Urn-Sheet Bronze	$ 125.00	
Register Book-#20 HOJ	$ 155.00	
Keepsakes-Red	$ 150.00	
Crucifix	$ -0-	
Acknowledgement Cards	$ -0-	
Headstone or Temporary Marker	$ -0-	
Air Tray	$ -0-	
Memorial Folders	$ -0-	
Prayer Cards	$ -0-	
Laminated Obituaries	$ -0-	$ 1,130.00

The only warranty on the casket and / or outer burial container sold in connection with this service is the express written warranty, if any, granted by the manufacturer. This funeral home makes no warranty, express or implied, with respect to the casket and/or outer burial container.

Billing To Charles Wasil
768 Quince Orchard Blvd
Gaithersburg, MD 20878

C. SPECIAL CHARGES:

Forwarding of Remains to Forwarding of Remains	$ -0-
Receiving of Remains from Receiving of Remains	$ -0-
Immediate Burial	$ -0-
Direct Cremation	$ -0-
Body Donation	$ -0-
No Cash Discount	$ -0-
	$ -0-

D. CASH ADVANCES:

Cemetery Charges	$ -0-
Vault Service Fee	$ -0-
Crematory Charge	$ 275.00
Final Date	$ -0-
Clergy Honorarium	$ 150.00
Organist	$ -0-
Soloist / Cantor	$ -0-
Sound Person	$ -0-
Custodian	$ -0-
Newspaper	$ 780.88
Certified Death Certificate	$ 66.00
Permit	$ 3.00
Hair Dresser	$ -0-
Florist	$ -0-
Escort	$ -0-

We charge you for our services in obtaining:

$ 1,274.88

SUMMARY OF CHARGES:

A. CHARGES FOR SERVICES	$ 3,210.00
B. CHARGES FOR MERCHANDISE	$ 1,130.00
C. SPECIAL CHARGES	$ -0-
D. CASH ADVANCES	$ 1,274.88
E. SALES TAX, IF APPLICABLE	$ 76.28
TOTAL FUNERAL HOME CHARGES	$ 5,691.16

LESS CREDIT AND PREPAYMENTS:

Service Discounts	$ -30.00
Wendy Wasil ck#1564	$ -5,661.16
Life Insurance	$ -0-
Down Payment	$ -0-
TOTAL CREDIT	$ 5,691.16
BALANCE DUE	$ -0-

If any law, cemetery or crematory requirements have required the purchase of any of the items listed above the law or requirement is explained below.

Outer Burial Container

Outer Burial Container

Reason for Embalming Public Visitation

PAID

I hereby agree that I have examined the above stated items and found them to be correct and according to the arrangements requested and I hereby acknowledge receipt of a copy of this memorandum and agreement. I hereby represent that I have sufficient funds and assets legally available for payment of cash price and hereby agree and covenant jointly and severally to make payments of $ 5,691.16 within 0 days. A late charge of 1.5 % per month amounting to 18 % per year is applied to the unpaid balance beginning 0 days from the date of this agreement. Any additional services or merchandise ordered or requested after the date of this agreement will be considered part of this agreement and the cost thereof will be reflected on the final statement. I acknowledge that I have received the general price list and have been offered for review the casket price list and the outer burial container price list.

x _____ Signed _____ Dated _____ Relationship to Deceased

x _____ Co-signed James M. Donovan _____ Dated _____ Relationship to Deceased

Name of funeral home representative

Initials _____